

4716

If 14-15-16 or more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH			ARIZONA STATE BOARD OF HEALTH		
1. County of <u>Yavapai</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>138</u>		
District of <u>Thatcher</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Registrar No. <u>84</u>		
Town of _____	NAME ADDED BY SUPPLEMENT		Local Registrar No. <u>84</u>		
or _____					
City of _____	No. _____ St. _____ Ward _____				
(If birth occurred in a hospital or institution, give its NAME instead of street and number)					
2. Full name of child <u>Don L. Peterson</u>			If child is not yet named, make supplemental report, as directed		
3. Sex of child <u>Boy</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	5. No., in order of birth <u>6</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>5/15/24</u> (Month, day, year)
8. FATHER			14. MOTHER		
Full name <u>Alma Peterson</u>			Full maiden name <u>Blanch W. Belby</u>		
9. Residence (Usual place of abode) <u>Thatcher</u>			15. Residence (Usual place of abode) <u>Thatcher</u>		
If nonresident, give place and State			If nonresident, give place and State		
10. Color or race <u>white</u>			16. Color or race <u>white</u>		
11. Age at last birthday <u>34</u> (Years)			17. Age at last birthday <u>38</u> (Years)		
12. Birthplace (city or place) <u>Arizona</u>			18. Birthplace (city or place) <u>Arizona</u>		
(State or country)			(State or country)		
13. Occupation <u>Farmer</u>			19. Occupation <u>Housewife</u>		
Nature of Industry			Nature of Industry		
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)			(a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4 A.</u> m. on the date above stated.					
(Born alive or stillborn)					
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			Signature <u>H. E. Platt</u>		
			(Physician or midwife)		
Given name added from a supplemental report <u>475-515-228</u> (Month, day, year)			Address <u>Thatcher</u>		
Registrar.			Filed <u>6-5</u> , 19 <u>22</u> <u>Alma Peterson</u> Local Registrar.		
			Filed <u>8/10</u> , 19 <u>22</u> <u>J. M. H. H. H.</u> County Registrar.		